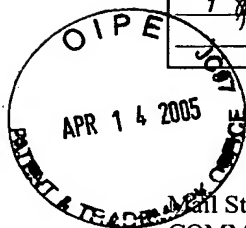


**Certification of Mailing or Facsimile Transmission**  
 I hereby certify that I have reasonable basis to expect that, on the date shown below, this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450

Name Karen L. Pfeiffer  
 Signature [Signature]  
 Date April 11, 2005



IN THE UNITED STATES PATENT & TRADEMARK OFFICE  
 RESPONSE/AMENDMENT

Mail Stop Amendment  
 COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an AMENDMENT for the patent application:

Application No. : 10/701,958  
 Applicant(s) : Nicola Mills Davies et al.  
 Filed : November 5, 2003  
 Title : Electric Toothbrushes Having a Moving Viewing Surface  
 TC/A.U. : 1744  
 Examiner : Laura C. Cole  
 Conf. No. : 8099  
 Docket No. : 9424  
 Customer No. : 27752

1. ☒ No additional fees (claims fees or extension fees) are known to be required.
2. ☐ The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA*	RATE	FEE
TOTAL	* 20	MINUS	** 20	= 0	x \$ 50 =	\$0
INDEP.	* 2	MINUS	*** 3	= 0	x \$200 =	\$0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$360 =	\$0
					TOTAL	\$0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

3. ☐ The Commissioner is hereby petitioned under 37 CFR §1.136(a) to grant any extension of time needed for timely response to the Office Action dated in the above-identified application to preserve pendency of said application. The processing fee under 37 CFR §1.17 has been determined as follows: \$ for a -month extension of time.
4. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is attached.
  - a. ☒ Any patent application processing fees under 37 CFR §1.16.
  - b. ☒ Any patent application processing fees under 37 CFR §1.17.
5. The Director is hereby authorized to make any additional copies of this sheet needed to accomplish the purposes provided for herein and to charge any fee for such copies to Deposit Account No. 16-2480.

THE PROCTER & GAMBLE COMPANY

By [Signature]  
 Signature  
 James C. Vago

Date: April 11, 2005  
 Customer No. 27752

(Transamd.doc) Revised 12/08/2004

Typed or Printed Name  
 Registration No. 40,855  
 (513) 622-4433